### FEC FORM 2

### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Greene, Marjorie, Taylor, Mrs.									
	(b) Address (number and street) 204 Woodglen Rd.		Check if addr	ess chang	ed	Candidate's FEC Identificatio     H0GA06192	n Number			
	(c) City, State, and ZIP Code					3. Is This New	Amended			
	Rome		G	30 A	165	Statement (N) OI	R (A)			
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candidate				
	REPUBLICAN PARTY	House			GA	14				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)  GREENE FOR CONGRESS									
	(b) Address (number and street) 3955 MARCONI DRIVE									
	(c) City, State, and ZIP Code									
	ALPHARETTA				GA	30005				
8.	DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my									
	candidacy.	On all college de a cons			-:44					
	NOTE: This designation should be f	ilea with the pr	incipai camp	baigh comi	iillee.					
(a) Name of Committee (in full) MARJORIE TAYLOR GREENE'S PEOPLE OVER POLITICIANS COMMITTEE										
	(b) Address (number and street) PO BOX 1575									
	(c) City, State, and ZIP Code									
	ROSWELL				GA	30077				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate					Date				
Greene, Marjorie, Taylor, Mrs.,				[E	lectronically Filed]	05/03/2021				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

#### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2A Transaction ID:

Update JFC.

Form/Schedule: Transaction ID:

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

	candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) PUT AMERICA FIRST JOINT FUNDRAISING COMMITTEE								
	(b) Address (number and street) PO BOX 1575								
	(c) City, State, and ZIP Code	_							
	ROSWELL GA 30077								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								